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## FAX FILING IN U.S. PATENT & TRADEMARK OFFICE

**DATE:** September 20, 2004      **TIME:** \_\_\_\_\_

<b>TO:</b>	Examiner Joseph W. Drodge	<b>FAX NO.:</b>	(703) 872-9306
<b>FROM:</b>	Joshua L. Cohen	<b>ADMIN. ASST.:</b>	Anne Pinto
<b>APPLN. NO.:</b>	10/674,163	<b>ATTY. DOCKET NO.:</b>	EVG-176US1
<b>TITLE OF APPLN.:</b> SYSTEM AND METHOD FOR WITHDRAWING PERMEATE THROUGH A FILTER AND FOR CLEANING THE FILTER IN SITU			
<b>FILING DATE:</b>	09/29/03	<b>ART UNIT:</b>	1723
<b>FIRST INVENTOR:</b>	Michael A. DelVecchio	<b>CONF. NO.:</b>	1911
<b>TITLE OF DOCUMENT:</b> Amendment and Information Disclosure Statement			

*Total Number of Pages:* 18 *(including this form)*

### COMMENTS

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1130)

## Complete If Known

Application Number	10/674,163
Filing Date	September 29, 2003
First Named Inventor	Michael A. Del Vecchio
Examiner Name	Joseph W. Drodge
Art Unit	1723
Attorney Docket No.	EVG-176US1

## METHOD OF PAYMENT (check all that apply)

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## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
<b>SUBTOTAL (1)</b>		<b>(\$ 0)</b>	
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>			
Total Claims	-20*	= 0	X 0 = 0
Independent Claims	-3**	= 0	X 0 = 0
Multiple Dependent		X 0	= 0
<b>Large Entity</b>		<b>Small Entity</b>	
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 88	2201 43	Independent claims in excess of 3	
1203 280	2203 145	Multiple dependent claim, if not paid -- Reissue independent claims over original patent	
1204 86	2204 43	-- Reissue claims in excess of 20 and over original patent	
1205 18	2205 9		
<b>SUBTOTAL (2)</b>		<b>(\$ 0)</b>	
*or number previously paid, if greater; For Reissues, see above			
**Reduced by Basic Filing Fee Paid			
<b>SUBTOTAL (3)</b>			
<b>(\$ 1130)</b>			

## SUBMITTED BY

Name (Print/Type)	Joshua L. Cohen	Registration No. Attorney/Agent	38,040	Telephone	(610) 407-0700
Signature	<i>Joshua L. Cohen</i>				

## Complete (if applicable)

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